

REGISTRATION FORM

Alaska Native Health Research Conference 2006

Please complete this form and return it by mail or fax with payment to:
The Coordinators Inc. • 329 F Street, Suite 208 • Anchorage, AK 99501
Phone (907) 646-9000 • Fax (907) 646-9001

Name (as you would like it to appear on your name badge)

Title (as you would like it to appear on your name badge)

Organization/Company

Mailing Address

City/Village (as it should appear on your name badge)

State

Zip Code

Phone

Fax

Email

Special Requirements (Accessibility, Auxiliary Aids, Dietary Needs, etc.)

Delegate Category (please mark the ONE that you consider yourself primarily to be)

- | | |
|--|--|
| <input type="checkbox"/> Tribal health organization board member | <input type="checkbox"/> Research review committee or IRB member |
| <input type="checkbox"/> Tribal health director | <input type="checkbox"/> Alaska Native consumer |
| <input type="checkbox"/> Undergraduate student | <input type="checkbox"/> Graduate student |
| <input type="checkbox"/> Research community member | <input type="checkbox"/> Other: |

REGISTRATION FEES AND PAYMENT

	by 3/8/06	after 3/8/06
Full Conference Registration	<input type="checkbox"/> \$100	<input type="checkbox"/> \$120
Student Conference Registration*	<input type="checkbox"/> \$50	<input type="checkbox"/> \$50

* Student Scholarships may be available.

- | | |
|--|------------------|
| <input type="checkbox"/> Check Enclosed (payable to ANHR Conference) | Amount \$ _____ |
| <input type="checkbox"/> Purchase Order (attach copy of original P.O. form) | P.O. # _____ |
| <input type="checkbox"/> Credit Card* <input type="checkbox"/> VISA <input type="checkbox"/> M/C <input type="checkbox"/> Amex | Amount \$ _____ |
| Credit Card # _____ | Exp. Date: _____ |
| Cardholder Name: _____ | Signature: _____ |

* Credit card charges will appear as "The Coordinators Inc." on your statement.

NOTE: When this registration form and payment have been processed, conference organizers will send a confirmation letter and receipt.



REGISTRATION FEES

An early registration discount is offered for registrations received on or before March 8, 2006. After March 8, regular fees will apply:

- Early Registration \$100
- Regular Full Registration \$120
- Student Registration* . . . \$50

* Scholarships for students may be available. For more information, please contact The Coordinators, Inc. at (907) 646-9000.

CANCELLATION

Cancellation Deadline is March 15, 2006. Cancellation requests must be received in writing by March 15 in order to receive a full refund, minus a \$25 processing fee. After March 15, no refunds will be issued.

HOST HOTEL

As host, the Hilton Anchorage Hotel is offering a special rate of \$92+ tax (single or double occupancy). To reserve a room at special rates, call the hotel and reference the Alaska Native Health Research Conference no later than **March 15, 2006**. Guaranteed room availability is on a first-come, first-served basis. Contact:

Hilton Anchorage Hotel
500 W. 3rd Avenue
Anchorage, AK 99501

- Reservations outside Anchorage 1-800-245-2527
- Reservations inside Anchorage 272-7411